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| Purpose | Provide guidance for effective delivery of services to Racial/Ethnic Minorities including any applicable regulatory requirements |
| Racial/Ethnic Minorities Definition | <p>Black and African-American are the preferred terms for identifying black people. Most black people in America are of Afro-American heritage; their families' roots can be traced back to the slavery period. Black persons not of African-American descent prefer to be referred to by their country of origin.</p> <p>Hispanic is not a racial group. In the U.S. and Puerto Rico "Hispanic" refers to persons of Spanish heritage, Spanish-speaking, or Spanish-surnamed. Persons of Hispanic descent can be from any of the following racial groupings or mixtures: Caucasians, Native American Indian and African; Mexican Americans - generally of Spanish Caucasian and Indian descent; Cubans, Puerto Ricans - generally of Spanish Caucasian and African descent.</p> <p>Preferred terms may depend on geographical location: Hispanic - preferred on East Coast by Puerto Rican, Cuban communities; Latino - preferred on West Coast indicating Latin American origin; Chicano - preferred by younger age groups.</p> <p>Native American Indian and Alaska Native refer to individuals and their descendants who are recognized by the U.S. government and/or the Indian/Native communities as being American Indian or Alaska Native.</p> <p>Asian and Pacific Islander:</p> <p>Asian describes a geographic term only and refers to persons of the following descent: Chinese, Filipino, Japanese, Asian Indian, Korean, Vietnamese, Laotian, Thai, Cambodian, Pakistani, Indonesian, and Hmong;</p> <p>Pacific Islander refers to: Polynesian, Hawaiian, Samoan, Tongan, Micronesian, Guamanian, Melanesian; Fijian, Tahitian, Marshallese, and Trilese.</p> <p>Asian Pacific is used as a collective word to identify people who are either Asian or Pacific Islanders. These groups represent a vast diversity of languages, backgrounds, histories, and cultures.</p> |

**Cultural,
Economic and
Social Issues**

Ethnic groups are both proud to be American and equally proud of their cultural roots and background. Be sensitive to differences.

Different beliefs/values regarding the following among cultures is not uncommon:

- Significance of time and value of time; the importance of "being on time" is not always held by all cultures.
- Verbal and nonverbal approaches vary with cultures; using a formal name (Mr., Mrs.) may be preferred; direct eye contact may be avoided; touching and/or physical closeness may not be appropriate in all cultures.

In some cultures welfare of the group may be placed above that of the individual. Receiving foods for individual family members only, may not be understood.

Family values and practices may dictate the kinds of foods eaten by the individual.

Preventive health practices may not be understood. Some cultures may not relate personal health habits to well-being.

When language differences exist:

- Use a bilingual interpreter when necessary.
- Allow sufficient time for the client to answer questions.
- Use simple vocabulary, speak slowly and clearly, try to use words the client will understand. Generally the client will understand English better than he/she speaks it.
- Ask questions in several different ways to cross-check the information obtained.
- Use open-ended questions rather than those requiring only "yes" or "no" answers to increase the amount of information you obtain.

When using written materials:

- Some clients may not be able to read their native language.
- Some clients may speak but not read English.
- Check for comprehension before distributing written materials.

**Cultural,
Economic and
Social Issues
(cont.)**

- If clients don't read in any language: use food models, pictures and actual foods in packages.

**Certification/
Eligibility**

When determining income eligibility, certain benefits received by members of Native American Indian tribes and Alaska Natives are not to be considered income. See Volume I Section D, page 3.

Food Package

Tailor the food package to the individual's needs based on cultural food preferences, nutritional/medical need, nutritional status and the individual's food storage and cooking facilities. Refer to Volume III, Nebraska WIC Procedure Manual for more information.

**Nutrition/Health
Education**

Refer to Volume II of the Nebraska WIC Procedure Manual.

Outreach/Referrals

Actively recruit through the local minority media.

Be aware of minority community's support systems and use them as referral sources.

Go into the community of the people to reach, go with a person of the same minority group. Solicit input from the community.

Let people know that services are available and seeking service doesn't reflect a weakness in their culture.

Make sure minorities are represented in advertisements, information and other outreach materials.

**Adaptation of
Clinic
Environment**

Hold clinics in culturally comfortable or culturally neutral sites.

Recruit and hire staff persons from minority groups of clients served.

Hire bilingual staff or when that is not possible use a bilingual interpreter when necessary.

Display and use culturally sensitive/appropriate posters, information and materials.
